

2020 ASSOCIATE GIVING CAMPAIGN

Thank you for your contribution to the Hendricks Regional Health Foundation. Please complete the form below and use the provided return envelope. Associates may also deliver the completed form and payment to the Hendricks Regional Health Foundation located on the first floor in Building 1 at HRH Danville. To donate online, please visit **SupportHendricks.org/Give2020**. For questions, please contact Adam at (317) 745-7376 or Adam.Scott@hendricks.org.

Donor Information

Name: _____
Address: _____
E-mail: _____
Phone: _____
Associate ID: _____
Dept Name: _____
Location/Campus: _____
Name(s) to Appear on Donor Listings: _____
 Please Keep My Gift Anonymous

Designation

- Cancer Patient Assistance & Education Fund
- COVID-19 Support Fund
- Heart of Hendricks
- HendricksGO! Van
- HRH Childbirth Center & Pediatric Fund
- Infant Bereavement Program
- HRH Patient Assistance & Education Fund
- Greatest Needs
- Other: _____

Contribution

I would like to make a:

- Payroll Deduction. Please make deductions of \$_____ per pay period.
(Minimum of \$1 per pay period)

Signature for Payroll Authorization: _____

- One-Time Gift of \$_____.

Check (payable to HRH Foundation)

Cash

Credit Card

Name on Card: _____

Card #, Exp. Date, CCV: _____

Signature: _____

- PTO Donation. # of PTO Hours: _____

Signature for PTO Donation: _____

*NOTE: PTO hours will be processed as a separate check with PTO hours converted to a monetary amount subject to tax withholdings but no other deductions.
(Associates must leave a minimum PTO balance of 40 hours.)*

Honor / Memory

Please make this gift in Honor of Memory of:

Name and address of person to notify of tribute gift (optional):

